

## **APPLICATION FOR RENEWAL OF CORI ACCESS CERTIFICATION**

This application should be filled out if you are interested in renewing your authorization to receive Criminal Offender Record Information (CORI) from this agency. If you are seeking a greater degree of access than was previously authorized, kindly request and mail in an Application for Expanded CORI Access Certification.

An Agreement of Non-Disclosure and Statement of CORI Certification Compliance is attached to this application. All persons within your organization who will have access to CORI must sign an Agreement of Non-Disclosure and Statement of CORI Certification Compliance prior to receiving CORI from this agency. Please forward signed Non-Disclosure forms for as many individuals in your organization who will receive CORI. **Upon submission of this application, all existing Agreements of Non-Disclosure and Statement of CORI Certification Compliance will be removed and destroyed from existing files. Therefore, it is extremely important that each person designated to review CORI fill out an Agreement of Non-Disclosure and Statement of CORI Certification Compliance at this time.** Copies of the form may be made as necessary. As additional persons within your organization require access to CORI, additional Agreements of Non-Disclosure and Statement of CORI Certification Compliance must be executed.

Please complete this application and mail to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit. Incomplete applications will be returned.

Applications will be processed in the order in which they are received.

Name of Applying Organization: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Certification Code: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

1. From what agencies does your organization usually request and receive CORI?
2. How frequently has your organization used your CORI access certification to request criminal histories in the past two years?
3. How often have you received a criminal history information on a (prospective) employee, volunteer, applicant, etc. in the past two years?
4. Have you ever hired someone with a criminal history? If so, how many times?
5. Have you ever not hired someone that did have a criminal history? If so, explain.
6. Kindly explain your organization's continued need for CORI certification access.
7. For how long do you keep the CORI you receive? How is it stored? How is it destroyed?
8. When you receive a record, what criteria, if any do you use to determine whether that record makes the applicant ineligible for employment, licensing etc.? Kindly provide a copy of any procedure manual you may have.
9. Please list and attach copies of any federal or state licenses your organization may need to operate.
10. Please describe what measures you would take to store CORI in a secure manner.

I hereby affirm that the information contained in this application and in support thereof is true to the best of my knowledge and belief.

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Signature of Authorized Individual

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Dated

**Criminal Offender Record Information ("CORI")**  
**Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred (\$500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by the CHSB. The extent of the certification will be included in the agency's CORI certification letter and I agree to read, understand, and request CORI only for those individuals for which the CHSB has granted certification.

I have reviewed, understand and agree to comply with the CHSB audit guidelines that are available at [www.mass.gov/chsb](http://www.mass.gov/chsb). I agree to store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the CHSB entitled "How to Read a BOP" that is available at [www.mass.gov/chsb](http://www.mass.gov/chsb). I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy and will review the Model CORI policy that is available at [www.mass.gov/chsb](http://www.mass.gov/chsb).

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board as a prerequisite to my having authorization for access to CORI. You will only be notified if you are determined inappropriate to access CORI.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Maiden name

\_\_\_\_\_  
Alias

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

\_\_\_\_\_  
Social Security Number (requested but not required)

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Driver's License #      State

\_\_\_\_\_  
Agency/ Business

\_\_\_\_\_  
Agency Code (if previously certified)

\_\_\_\_\_  
Address

*This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI.*